

**Registration for Plumbing Apprentice**  
Michigan Department of Energy, Labor & Economic Growth  
Bureau of Construction Codes / Plumbing Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9330  
www.michigan.gov/bcc

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Agency Use Only

83- \_\_\_\_\_  
Batch \_\_\_\_\_ 114  
Date \_\_\_\_\_

**Fee:** \$15.00

Authority: 2002 PA 733 Completion: Mandatory Penalty: Certificate of Registration will not be issued	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**Instructions** - This form must be submitted within 30 days of employment as a plumbing apprentice. The master plumber having supervision shall sign the application and provide his/her license number.

- Complete and sign application. Type or print in ink.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and payment to the address listed above.

**Applicant Information**

NAME (Last, First, Middle)			DATE OF BIRTH		AGE
HOME ADDRESS			LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*		DATE APPRENTICESHIP BEGAN
			XXX-XX-		
CITY	STATE	ZIP CODE	COUNTY		TELEPHONE NUMBER (Include Area Code)

**Apprenticeship School**

Have you attended an apprenticeship school? <input type="checkbox"/> Yes (Complete information below) <input type="checkbox"/> No		
NAME OF SCHOOL	INSTRUCTOR	DATES (MO/DAY/YR)
		FROM: TO:

**Education**

HIGH SCHOOL	HIGHEST GRADE COMPLETED	DATE GRADUATED
COLLEGE/UNIVERSITY	MAJOR	DATE GRADUATED

**Employment**

PRESENT EMPLOYER		NAME OF MASTER PLUMBER	
BUSINESS ADDRESS (Street No. and Name)		CITY	STATE
			ZIP CODE
DATES OF EMPLOYMENT (MO/DAY/YR)			
From: To:			

**Signature of Master Plumber Having Supervision Responsibility**

I certify the applicant is employed by the above named company for which I am the authorized master plumber. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF MASTER PLUMBER	
LICENSE NUMBER	DATE

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**Background Information**

Have you been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED

INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED

DATE(S) OF CONVICTION(S) AND SENTENCE(S)

NAME AND ADDRESS OF SENTENCING COURT(S)

CHECK **YES** OR **NO** TO THE FOLLOWING

1. Are you a current inmate? ☐ Yes ☐ No

2. Are you currently on probation / parole? ☐ Yes ☐ No

If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.

RELEASE DATE FROM CUSTODY, PROBATION, OR PAROLE

REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

**Conviction History Certification and Signature** (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT

DATE

**Certification and Signature** (Must be signed by all applicants)

I certify all information provided is true and accurate to the best of my ability. I further understand falsification of any statement is cause for rejection of application or revocation of plumbing apprentice registration, if issued.

SIGNATURE OF APPLICANT

DATE